

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007473

AMENDED		Registration District No. <u>278</u> Primary Registration District No. <u>3054</u> Registrar's No. <u>34</u>		STATE FILE NUMBER	
FILED FEB 21 1962					
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)			
a. COUNTY <u>Pike</u>		a. STATE <u>Missouri</u> COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Louisiana</u>		c. CITY OR TOWN <u>Louisiana</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb <u>38 years</u>		d. STREET ADDRESS (If outside, give location) <u>421 North Third St.</u>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>421 North Third St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH			
First <u>David</u> Middle <u>Coombs</u> Last <u>Coombs</u>		Month <u>Feb.</u> Day <u>12</u> Year <u>1962</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>2/3/1886</u>		9. AGE (last birthday) <u>76</u>		IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clergyman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clergy</u>		11. BIRTHPLACE (City and state or country) <u>Newfoundland</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joshua Coombs</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Coombs</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel Coombs (Deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Richard Coombs, Spokane, Washington</u>	
16. ADDRESS <u>127 E. 12th Ave.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary Artery Occlusion</u>		DUE TO (b) <u>Arteriosclerotic hypertensive cardiovascular disease.</u>		<u>sudden</u>	
DUE TO (c) <u></u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>Pneumonia. 1/15/62 to 2/2/62</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Louisiana, Missouri</u>		20g. COUNTY <u>Pike</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>1/15/62</u> to <u>2/12/62</u> and last saw him alive on <u>2/11/62</u>		Death occurred at <u>11:00</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Chas. H. Sullivan</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>122 S. 3rd St., Louisiana, Mo</u>		22c. DATE SIGNED <u>2/14/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 15, 62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	
23d. LOCATION (City, town, or country) <u>Louisiana, Missouri</u>		23e. DATE RECD. BY LOCAL REG. <u>Feb. 20-62</u>		23f. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	
24. FUNERAL DIRECTOR <u>Collier Funeral Service,</u>		24a. ADDRESS <u>Louisiana, Missouri</u>		(Licensed Embalmer's Statement on Reverse Side)	

FEB 28 1962

MAR 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Geo. M. Collier

Licensed Embalmer No.

3839

P. O. Address

Louisiana, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.